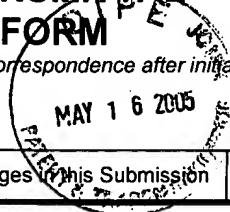


TRANSMITTAL FORM (to be used for all correspondence after initial filing) 	Application Number	09/916,652	2633
	Filing Date	07/30/2001	
	First Named Inventor	Martin Birk	
	Group Art Unit	2633	
	Examiner Name	Negash, Kinf Michael	
Total Number of Pages in this Submission	15	Attorney Docket Number	2000-0482A

Enclosures (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits / Declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet
<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition to the Commissioner
<input type="checkbox"/> Petition to Convert a Provisional Application
<input type="checkbox"/> Appointment of New Attorney and Change of Correspondence Address
<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> CD, Number of CDs
<input type="checkbox"/> Additional enclosure(s) (please identify below)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|--|--|

Remarks: In response to the Office Action dated 02/07/2005

CORRESPONDENCE ADDRESS

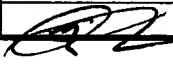
☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

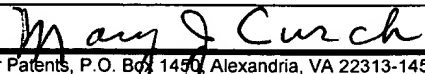
NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207				
CITY	Bedminster	STATE	New Jersey	ZIP CODE	07921
COUNTRY	United States of America	FAX	908 532-1281		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

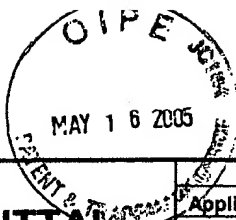
NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	908 707-1573		
SIGNATURE		DATE	5/13/2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 5/13/2005

Type or Printed Name	Mary J. Curch		
Signature		Date	5/13/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

Complete if Known

TOTAL AMOUNT OF PAYMENT	\$250	Application Number	09/916,652
		Filing Date	July 30, 2001
		First Named Inventor	Martin Birk, et al.
		Examiner Name	Negash, Kinfe Michael
		Group/Art Unit	2633
		Attorney Docket No.	2000-0482A

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
Deposit Account Name AT&T CORP.



Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17



Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	300	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	200	Design Filing Fee	
1004	300	Reissue Filing Fee	
1005	200	Provisional Filing Fee	

SUBTOTAL (1)**2. CLAIMS**☐ Filing Under 37CFR 1.53 (b)☐ CPA Under 37CFR 1.53 (d)☒ Amendment

Extra Claims

Fee from below

Fee Paid

Total	- 20 =	0	x	50	=	
Ind.	- 3 =	0	x	200	=	
Multiple Dependent Claims				300	=	

Large Fee Code	Entity Fee(\$)	Fee Description
1202	50	Claims in excess of 20
1201	200	Independent Claims in excess of 3
1203	360	Multiple Dependent Claims
1204	200	** Reissue independent claims in excess of 3
1205	50	** Reissue claims in excess of 20

** or number previously paid, if greater; for Reissues, see above

SUBTOTAL (2)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	120	Extension for response within first month	120
1252	450	Extension for response within second month	
1253	1020	Extension for response within third month	
1254	1590	Extension for response within fourth month	
1255	2160	Extension for response within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1000	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	500	Petition to revive - unavoidable	
1453	1500	Petition to revive - unintentional	
1501	1400	Utility issue fee (or reissue)	
1502	800	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1806	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	
1802	900	Request for expedited exam of a design application	
Other fee (specify): Statutory Disclaimer 37 C.F.R. § 1.20(d)			130

SUBTOTAL(3)**250****SUBMITTED BY**

Typed or Printed Name	John E. Etchells	Complete (if applicable)	
Signature		Reg. Number	
Date	5/13/05	Deposit Account User ID	